(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses RECEIVED for LOBBYISTS

(RSA Chapter 15)

MAY U 1 2017

PLEASE PRINT

I. Name of Lobbyist(s) Michael P. Donn	elly		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist'	s partnership, firm or c	orporation, if any	:	
Home School L	egal Defense Asso	ciation (HSLD	A)	
(Nar	ne of partnership, firm or co	orporation)	· · · · · · · · · · · · · · · · · · ·	
P.O. Box 300	0	Purcellville	VA	20132
Business Address: (St	reet)	(Town/City)	(State)	(Zip Code)
() 540-338-560 (Telephone)	0 ()		e-mail mike@h	nslda.org
(Telephone)		(Fax)		
	overs: (Choose one – file ransactions which are n	•		may file a separate report for
→ All reportable tran	sactions occurring in the	months prior to the	e reporting date relative to	the following client:
Home Schoo	l Legal Defense As	ssociation (HS	LDA)	
<u>OR</u>	(Full Name of Client as it	appears on the Lobb	yist Registration Form)	
☐ All reportable transunrelated to any partic	cular client.	including the lobby		ing firm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017 🕍 ity from date of registration	n to 3/31/17	July 26, 2017 (1) activity from 4/1/17 to 6/30/	17
	October 25, 2017 activity from 7/1/17 to 9/36	9/ 1 7	January 31, 2018 [activity from 10/1/17 to 12/	
			ransactions made since Secretary of State's Office	
VI. Check if addition	ial reports are attached	:		
			Addendum A-Fees and	
If you have paid a Expense Reimbursem		rsed expenses, you	must file Addendum B-	Report of Honorariums or
☐ If you, your firm,	or your family has made	political contribut	ions, you must file Adden	dum C- Political Contribution
I have read RSA 15, F	firmation by Lobbyist RSA 15-B, RSA 14-C and est of my knowledge and	d RSA 664 and her belief.	eby swear or affirm that the	ne foregoing information is true
(Signature of lobbyis	t)			Date)
Michael P. Donn	ellv			

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Home School Legal Defense Association (HSLDA)	
(Name of partnership, firm or corporation)	
III. Name of Client	Date 4/25/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service oss fee amount reported shall not b
a) Total of all fees received in this reporting period	a) S
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 0.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 1309.49
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$_0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paixpenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the personed with a value of \$25.00 or less); an orting period of greater than \$25.00 four of greater than \$25, purchase of er than \$25, but not greater than \$56, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) S
b) Total aggregate of expenditures during this reporting period, not reported in a), of S25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	589.49
e) Total of expenses paid this calendar year, prior to this reporting period	e) S	0.00
(This should be the amount on line f of addendum A for last month's report)		589.49
f) Total of all expenses year to date	1) \$ _	307.17
VI. Other Expenses:	,, .	

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

aid to:	Amount:
United Airlines	
Comfort Suites - Revere, MA	s_93.75
Hertz Rental Car	_{\$_} 43.76
Margaritas Restaurant - Concord, NH	s_124.98
	\$
	\$

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

Michael P. Donnelly

(Print Name of lobbyist)

Y/25/17 (Date)

0 1715

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

I. Name of Lobbyist(s) MiC	hael P. Donnelly	
II. Name of lobbyist's partn		tion, if any:
Home School Legal D	• •	
(Name of partner	rship, firm or corporation)	
III. Name of Client		Date 4/25/2017
-	•	orarium or expense reimbursement:
Senator Guida,	Bob First Name	Middle Name/Initial
		20.02
What is the value of the honora	rium or expense reimbursen	nent? \$ 20.83
Describe the event to which the of the event).	honorarium or expense rein	nbursement relates. (Include the date(s) and location(s)
1/12/17: Dinner at M	largaritas Restaura	ant - Concord, NH
		nse a separate addendum B form for each.)
Sworn Statement/Affirmat	ion by Lobbyist	
		eby swear or affirm that the foregoing information
is true and complete to the b	est of my knowledge and	belief.
MPM		4125/17
(Signature of lobbyist)		(Date)
Michael P. Donnelly	1	
(Print Name of lobbyist)		

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

II. Name of lobbyist's pa	artnership, firm or corporation,	if any:	
Home School Legal	Defense Association (HSLI	DA)	
(Name of p	artnership, firm or corporation)	····	
III. Name of Client		Date	4/25/2017
		·	
	ne person receiving the honorar	ium or expense reiml	oursement:
Representative N	larsh, William		
Last Name	First Name	Middle Name/Init	al
What is the value of the hor	norarium or expense reimbursement?	s_20.83	
Describe the event to which of the event).	n the honorarium or expense reimburs	sement relates. (Include t	he date(s) and location(s)
1/12/17: Dinner	at Margaritas Restaurar	nt - Concord, NH	
•	prarium or expense reimbursement use a	separate addendum B form	for each.)
Sworn Statement/Affirm	mation by Lobbyist		
	A 15-B and RSA 664 and hereby some best of my knowledge and believe		e foregoing information
na- R	2	4	/25/17
			(Date)
(Signature of lobbyist)	•		(Date)
(Signature of lobbyist) Michael P. Donne	lly		(Date)

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

Home School Legal Defe	ense Association (HSLI	ΤΔ1
<u></u>	ip, firm or corporation)	<i>5</i> n,
III. Name of Client	•	Date 4/25/2017
The reality of Chem		Date
State the full name of the per Represenative Hoell,	.,	ium or expense reimbursement:
Last Name	First Name	Middle Name/Initial
What is the call is the		s 20.83
What is the value of the honorarium	am or expense reimbursement?	<u> </u>
Describe the event to which the hof the event).	onorarium or expense reimbur	sement relates. (Include the date(s) and location(s
	·	,
of the event).	·	sement relates. (Include the date(s) and location(s
of the event).	·	,
of the event).	·	
of the event).	·	
of the event). 1/12/17: Dinner at M	largaritas Restaurar	
of the event). 1/12/17: Dinner at M	largaritas Restaurar	nt - Concord, NH
of the event). 1/12/17: Dinner at N (If there is more than one honorarium Sworn Statement/Affirmatio) I have read RSA 15, RSA 15-1	largaritas Restaurar or expense reimbursement use a n by Lobbyist 3 and RSA 664 and hereby	separate addendum B form for each.)
of the event). 1/12/17: Dinner at N (If there is more than one honorarium Sworn Statement/Affirmatio	largaritas Restaurar or expense reimbursement use a n by Lobbyist 3 and RSA 664 and hereby	separate addendum B form for each.)
of the event). 1/12/17: Dinner at N (If there is more than one honorarium Sworn Statement/Affirmatio) I have read RSA 15, RSA 15-1	largaritas Restaurar or expense reimbursement use a n by Lobbyist 3 and RSA 664 and hereby	separate addendum B form for each.) swear or affirm that the foregoing information of the second of
of the event). 1/12/17: Dinner at N (If there is more than one honorarium Sworn Statement/Affirmatio) I have read RSA 15, RSA 15-1	largaritas Restaurar or expense reimbursement use a n by Lobbyist 3 and RSA 664 and hereby	separate addendum B form for each.)
(If there is more than one honorarium Sworn Statement/Affirmatio I have read RSA 15, RSA 15-1 is true and complete to the bes	largaritas Restaurar or expense reimbursement use a n by Lobbyist 3 and RSA 664 and hereby	separate addendum B form for each.) swear or affirm that the foregoing information of the second of